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Date: March 14, 2003

Please Deliver To:

Name: Examiner Chong R. Kim

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From: Thomas M. Fisher

:Serial Number: 09/557,108

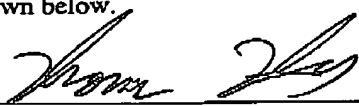
: Docket: 15-CT-5344

: **PAPERS TRANSMITTED:**

: Amendment Transmittal (3 pgs.)

: Amendment in response to Office Action
dated December 4, 2002 (11 pgs.): Submission of Marked Up Paragraphs and
Claims (3 pgs.)**Total pages including cover page: 18****If all pages are not received, please contact Thomas Fisher at (314) 621-5070, ext. 7462****CERTIFICATE OF FACSIMILE TRANSMISSION**

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Date: March 14, 2003
Thomas M. Fisher
Registration No. 47,564Applicant: *Jiang Hiesh*

Serial No.: 09/557,108

Filed: April 24, 2000

Art Unit: 2623

Examiner: Chong R. Kim

Atty. Dkt. No.: 15-CT-5344 (12553-199)

For: **METHOD AND APPARATUS FOR HELICAL RECONSTRUCTION FOR MULTISLICE CT
SCAN**

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PATENT
15-CT-5344

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jiang Hsieh

Art Unit: 2623

Serial No.: 09/557,108

Examiner: Chong R. Kim

Filed: April 24, 2000

For: METHODS AND APPARATUS
FOR HELICAL
RECONSTRUCTION FOR
MULTISLICE CT SCANBox: Non-Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL

1. Transmitted herewith is:

Amendment in response to Office Action dated January 14, 2003 (11 pgs.);
Submission of Marked Up Paragraphs and Claims (3 pgs.)

STATUS

2. Applicant

Claims small entity status.
☒ is other than a small entity.

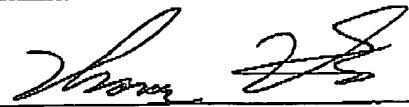
CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☐ deposited with the United States Postal Service with
sufficient postage as "Express Mail Post Office to
Addressee" in an envelope addressed to: Commissioner
for Patents, Washington, D.C. 20231.Date: March 14, 2003

FACSIMILE

☒ transmitted by facsimile to the Patent and
Trademark Office
Thomas M. Fisher
Reg. No. 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ First month	\$ 110.00	\$ 55.00
_____ Second month	\$ 410.00	\$ 205.00
_____ Third month	\$ 930.00	\$ 465.00
_____ Fourth month	\$1,450.00	\$ 725.00
_____ Fifth month	\$1,970.00	\$ 985.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDITIONAL RATE FEE		ADDITIONAL RATE FEE
TOTAL	28	MINUS	28	= 0	x \$9 = \$		x \$18 = \$
INDEP.	2	MINUS	2	= 0	x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$140 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) No additional fee for claims is required.

OR

- (b) ✓ Total additional fee for claims required \$ 0.00

FEE PAYMENT


5. Attached is a check in the sum of \$
 ✓ Charge Deposit Account No. 070845 (GE Medical Systems) the sum of \$0.00
 A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ✓ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ✓ If any additional fee for claims is required, charge Deposit Account No. 070845 (GE Medical Systems).
 7. Other:


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